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Department of Energy

Nevada Operations Office

P. O. Box 14100

Las Vegas, NV 89114-4100

MAY 15, 1987

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John E. Rudolph, Dir., Program Support, HQ (DP-224) GTN

PROPOSAL FOR CONTINUATION OF DOE MEDICAL PROGRAM

Enclosed is a draft proposal consistent with agreements reached at our May 4 meeting with Jim Berg, Director, Office of Federated States Affairs (OFASA). You will recall that OFASA intends to provide the authorities and rationale for continuance of the special medical program to the Chairman of the Interagency Group on Freely Associated State Affairs, presumably then for circulation to member agencies, including OMB.

We can discuss this further as your schedule permits during your May 20 visit to NV.

Harry U. Brown
Assistant to the Manager
for Off-Continent Operations

Enclosures:

1. Draft Proposal
2. Draft Transmittal Letter

John Rudolph's Files
Letter Files
Letters Marshall Islands-1987

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PROPOSAL FOR THE CONDUCT OF THE SPECIAL MEDICAL PROGRAM FOR 166 MARSHALLESE PEOPLE EXPOSED TO 1954 TEST BRAVO PER P.L.99-239

A. PROPOSAL SUMMARY

1. DOE proposes to provide and fund in FY 1988, the medical program described above, assuming Congressional concurrence.
2. DOE proposes to continue the program beyond FY 1988, provided adequate funding is made available directly to DOE, seeking to reduce costs by securing alternative support platforms and integrating components of the program into the RMI system as and when feasible.
3. DOE will have the assistance of the Office of Freely Associated State Affairs, Department of State, as requested, for the purpose of apprising DOE congressional oversight and appropriations committee of the basis for this obligation.
4. DOE will directly supervise the program.
5. DOE will report to Congress, as required, on the program and funding needs, and will provide reports to DOI and IGFASA as mutually agreed.

B. BACKGROUND AND CURRENT PROGRAM

The Marshall Islands Medical Program has been a clinical responsibility of the Medical Department, Brookhaven National Laboratory, under contract to the U.S. Department of Energy for 32 years. The task is to medically follow up and treat the radiation-exposed populations of Rongelap and Utrik Atolls. All missions include a representative of the U.S. Department of Energy.

The exposed population, which now numbers 166, must be considered at increased risk for malignant disease as a late complication of radiation injury. Therefore, the Medical Program has in place a cancer-related annual health evaluation. The examination follows the guidelines of the American Cancer Society, and includes a medical history, complete physical examination, advice on decreasing risk factors for cancer, advice on self-detection of lesions, annual pelvic examinations and Papanicolaou smears, stool testing for blood, blood count, urinalysis, mammography, and flexible sigmoidoscopy. These procedures are performed more frequently than for a general population because of the presumed increased risk. In addition, because of earlier Brookhaven observations, it is known that the exposed are at greater risk for certain endocrine problems and for this, they receive annual thyroid function blood tests and thyroid examinations by a specialist. Other tests are performed on a regular basis to attempt early detection of malignant lesions. There is also ongoing monitoring for clinical evidence of immune competence, as the exposed may also be at increased risk for unusual manifestations of infectious diseases. Any exposed person with a malignant neoplasm, or who might conceivably have a malignant neoplasm, is referred to secondary or tertiary medical facilities for a definitive evaluation and for therapy if required. The usual referral hospitals are in Honolulu and Cleveland, the latter because of the presence of a preeminent thyroid surgeon who has long been involved with the exposed Marshallese. Above and beyond the cancer-oriented examination, the Medical Program also dispenses primary medical care and preventive medical services (such as immunizations) for all illnesses encountered at the time of the visits to the exposed population.

Organizational Structure

The overall program-planning management has been assigned by DOE HQ (DP) to the DOE Nevada Operations Office (NV). The medical direction of the program and the organization of the medical missions to the Marshall Islands are

activities which are centered at Brookhaven. The full-time nucleus of the Medical Program includes a physician director, administrator, and technical specialist located at Brookhaven National Laboratory. The physicians chosen to support the mission are highly skilled volunteers, primarily faculty with medical schools. Logistical support, including translators, is provided by or through the Department of Energy. The resulting medical teams are primarily composed of personnel with past experience with the program. A copy of each examination is given to the examinee. Originals of all medical records are retained at Brookhaven for clinical use and for statistical purposes. Also archived are all pathology specimens, blood smears, and x-rays obtained over the many years of the program.

In the process of bringing to the exposed Marshallese modern facilities for diagnosis and treatment of disease, the physicians of the Medical Program come into contact with children and other family members of the exposed, as well as other Island inhabitants. It has been the policy of the Department of Energy that primary medical care be offered during missions to these individuals on the basis of humanitarian need and as resources permit. Problems seen in the nonexposed requiring further medical attention are directed into referral channels of the Republic of the Marshall Islands (RMI).

FY 1986 and FY 1987 Program

Two ship-supported medical missions were conducted in FY 1986, and two are planned for FY 1987⁷. The spring 1986 mission, being the major medical effort, included the following medical specialties: hematology, obstetrics/gynecology, endocrinology, cardiology, neurology, dermatology, general internal medicine, and family medicine. A second mission was necessary to complete some aspects of the examinations begun on the spring mission and to permit exposed persons unable to be seen in the spring another chance for examination. Of the remaining 166 exposed persons, 154 received an examination in the past year; 162, or 97 percent, have received an examination within the past two years. Among the six persons missed are two individuals now residing in the United States.

Of the exposed persons examined in the past year, 19 required medical evaluation beyond that available from the ship-supported Brookhaven medical team. They were referred to Honolulu, Cleveland, or to the National Institute of Health.

C. Proposal for FY 1988 and Beyond

It is proposed that the Interagency Group for Freely Associated States Affairs request DOE, through BNL, to seek funding for and conduct the medical program in FY 1988 and for subsequent years under the following guidelines:

- a. Provide the special medical surveillance and assure treatment of the exposed populations of Rongelap and Utrik (now 166 persons).
- b. Seek cost reductions with no appreciable degradation of surveillance and care by investigating alternative sources of providing this service. In doing this, make every effort to integrate as much of the program as possible into the overall health care system of the Republic of the Marshall Islands government.

D. Rational for DOE/BNL Participation

The Medical Department of BNL has been conducting this surveillance since immediately after the BRAVO accident in 1954. BNL has a vast amount of data, including medical records on each exposed person and over the past 33 years has developed a focused medical protocol for examination, diagnosis, and treatment. BNL has become expert in radiation health effects and has an in-house nucleus of experienced medical, technical, and administrative personnel (3 persons) with combined experience with the exposed people of about 50 man-years. They have developed a "bank" of highly qualified medical personnel from across the United States to participate in missions; thus the teams are always very experienced. Personnel at Cleveland General Hospital and NIH have assisted in the diagnoses and treatment of the exposed

persons for many years. Among them are some of the world's leading experts on thyroid problems, diagnostics, and treatment.

Current personnel, including those of DOE who are present on every mission to deal with "political problems" are a known entity, trusted for the most part and accepted by the populations of Rongelap and Utrik. This position has been rather painstakingly attained by dealing continually and openly with understandable fears, misgivings, prejudices, and distrust which are inevitable given the circumstances.

The medical teams and DOE representatives are very well acquainted with virtually every individual on the island and equally important, with local customs and political leadership through the RMI government. This, and a knowledge acquired over the years of the attitudes mentioned above make DOE and BNL uniquely constituted to carry out the program.

This was recognized by the RMI government in December 1985, when the acting President, RMI, officially made a request to the U.S. Government that DOE continue the program. Many individuals of the exposed group have also informally asked DOE/BNL to remain.

E. Proposed Program Thrust

DOE proposes to manage the program in FY 1988 similar to past years by conducting two DOE-chartered ship-supported missions. Contemplating that DOE may no longer have a programmatic need to justify the economical utilization of a full-time vessel beyond FY 1988, we are currently, and with some initial success, exploring with RMI the possibility of using their medical ship, scheduled to begin service in June 1988, to support one major mission per year beginning FY 1989. This would be on a charter basis. We are investigating the possibility of conducting only one annual ship-support mission because of the continued upgrading of other island health care through the Compact-funded 4-Atoll Health Care Program and the RMI contract with Marimed to provide a shipbased health care delivery system beginning mid-1988.

If we no longer have the requirements for a dedicated vessel to support DOE programs after FY 88, and are successful in our efforts to charter the RMI vessel for an annual mission, the support costs will decrease substantially. Further, we will attempt to use as many RMI Health Care assets, such as physicians, technicians, etc., as possible, and to integrate as many components of the special program as reasonable into the RMI system. Every effort will be made to reduce both medical and support costs.

A reasonably attainable projection of cost estimates is contained in the following section.

F. FUNDING ESTIMATES

FY 1987 ESTIMATED EXPENDITURES

1.	Administration, three full-time employees; Cleveland General Hospital and NIH referrals; mission medical and technical personnel; one major and one follow-up ship-supported mission.	\$ 811K
2.	Ship charter, <u>1</u> / fuel, medical supplies, shipping, personnel transportation, logistics, and administration.	1,000K
3.	Medical referrals to Honolulu.	<u>150K</u>
	TOTAL	\$1,961K

FY 1988 PROJECTED REQUIREMENTS

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| 1. Administration, three full-time employees;
Cleveland General Hospital and NIH referrals;
mission medical and technical personnel; one
major ship-supported mission; one plane-
supported follow-up. | \$ 800K |
| 2. Ship charter, ^{1/} fuel, medical supplies,
shipping, personnel transportation,
logistics, and administration. | 1,100K |
| 3. Medical referrals to Honolulu. | <u>150K</u> |
| TOTAL | \$2,050K |

^{1/}The ship is chartered on a full-time basis by DOE and also supports other DOE missions in the Marshall Islands, such as the joint DOE/BARC effort at Bikini. Because of the remote location, it has not been possible to charter a suitable specialized vessel of opportunity on an ad hoc basis. Thus, we have not attempted to attribute vessel costs to specific programs. At this time, there is no economical or sound logistical alternative to support by a ship because of an aging population, specialized medical equipment requirements, and limited air service to outer atolls.

FY 1989 PROJECTED REQUIREMENTS

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| 1. Administration, three full-time employees;
Cleveland General Hospital and NIH referrals;
one major ship-supported mission with medical
and technical personnel; one administrative
mission. | \$ 750K |
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2.	Marshall Islands Vessel Charter (5 weeks), medical supplies, shipping, personnel, transportation, logistics, and administration. ^{1/}	300K
3.	Medical referrals for diagnostics	<u>75K</u>
	TOTAL	\$1,125K

^{1/}Assumes that program requirements will diminish to the extent a full-time chartered vessel will no longer be needed and that the Marshall Islands ship Toule Mour will be available for a short-time charter.

FY 1990 - 1991 Projected Annual Requirements	\$1,125K
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G. SUMMARY OF PROJECTED COSTS

FY 1987	1,961K
FY 1988	2,050K
FY 1989	1,125K
FY 1990	1,125K
FY 1991	1,125K

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5/13/87

Mr. James Berg, Director
Office of Freely Associated States Affairs
U.S. Department of Interior
Washington, D.C. 20240

Dear Mr. Berg:

As agreed during our May 4, 1987 meeting, I enclose a DOE proposal consistent with P.L. 99-239 Sec. 103(h) for the conduct of the Special Medical Program for the 166 Rongelap and Utrik people exposed to Test BRAVO.

John E. Rudolph, Director
Program Support

Enclosure:
As Stated

cc:
T. R. Clark, Mgr., NV
H. U. Brown, A/MOCO, NV